Arizona Dept. of Health Services Division of Behavioral Health Services

Encounter Tidbits

Arizona Department of Health Services

May 2005

Encounter Tidbits is a monthly publication of the Arizona Department of Health Services, Division of Behavioral Health Services, Office of Program Support Services
150 North 18th Avenue, 2nd Floor, Phoenix, AZ 85007
www.azdhs.gov/bhs/index.htm

HIPAA Corner… … …

HHS Publishes Important Upcoming HIPAA Dates

The Department of Health and Human Service (HHS) published, in its Semiannual Regulatory Agenda in the December 13 *Federal Register*, important HIPAA implementation dates providers should know.

HHS plans to issue notices of proposed rulemaking on the following dates for the following items:

- January 2005, Claims Attachment standard
- February 2005, HIPAA enforcement
- April 2005, National Health Plan Identifiers
- ***June 2005, Transactions and code sets standards (modifications and revisions)***
- August 2006, electronic Medicare claims submission

Go to the December 13 *Federal Register* (http://www.access.gpo.gov/su_docs/fedreg/a041213c.html) for more information.

Q Are the JCAHO and other accrediting agencies considered health oversight agencies such that we can disclose information to them without authorization?

A No. The definition of health oversight agency does not include private organizations, such as private-sector accrediting groups.

Accreditation organizations perform healthcare operations functions on behalf of health plans and covered providers. Accordingly, to obtain PHI without individuals' authorizations, accrediting groups must enter into business associate agreements with health plans and covered providers.

Similarly, private entities (e.g., coding committees) that help government agencies make coding and payment decisions perform healthcare payment functions on behalf those government agencies. Therefore, they must also enter into business associate agreements to receive PHI from the covered entity.

Editor's note: Attorneys from Bricker and Eckler LLP answered this question. For more information, go to Section 164.501 Definitions: Health Oversight Agency.

Important Information on Corporate Compliance

Q Is a business associate agreement always required when disclosing patient information for healthcare operations?

A Although generally disclosures for healthcare operations will involve a business associate relationship with the recipient of the information, there are certain situations in which a business associate agreement would not be applicable. The test is whether the entity receiving the information is providing a service for the covered entity.

In this context, HHS notes in the commentary to the regulations: "Whether a disclosure is allowable for health care operations is determined separately from whether a business associate contract is required. These provisions of the rule operate independently. Disclosures for health care operations may be made to an entity that is neither a covered entity nor a business associate of the covered entity. For example, a covered academic medical center may disclose certain protected health information to community health care providers who participate in one of its continuing medical education programs, whether or not such providers are covered health care providers. A provider attending a continuing education program is not thereby performing services for the covered entity sponsoring the program and, thus, is not a business associate for that purpose."

Editor's note: Attorneys from Bricker and Eckler LLP answered this question. For more information, see Section 164.501 Definitions: Health Care Operations.

User Access Request Forms

The Office of Program Support Services *must* authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov

---

AHCCCS
Division of Health Care Management
Data Analysis & Research Unit
Encounter File Processing Schedule
May – June 2005

FILE PROCESSING ACTIVITY	May 2005	June 2005
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS	Fri 5/6/2005 12:00 PM	Fri 6/3/2005 12:00 PM
Work Days for AHCCCS	7	7
Encounter Pended and Adjudication Files Available to Health Plans.	Tue 5/16/2005	Tue 6/13/2005
Work Days for Health Plans	13	17

NOTE:

1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon, unless otherwise noted

Travel vs. Transportation

The Office of Program Support has recently received a high volume of questions regarding travel and transportation. The terms travel and transportation have been used interchangeably, however, provider travel is distinctly different from client transportation. Please use the following guidelines when billing travel and transportation.

Travel

Travel occurs when the provider *travels* to the client *to deliver* services.

The mileage cost of the first 25 miles of provider travel is included in the rate calculated for each service; therefore, provider travel mileage cannot be separately billed except when exceeding 25 miles.

To encounter additional mileage, use procedure code A0160 - Non-emergency Transportation: Per Mile/Case Worker or Social Worker, for the additional mileage when traveling in <u>exceeds</u> 25 miles per trip.

Transportation

Transportation is provided when the client or member is in the vehicle and is *transported* to a particular destination to *receive services*.

Transportation is encountered by billing the base rate code and the appropriate mileage code.

Remember: <u>Travel</u> is when the services *are delivered* to the client, and <u>transportation</u> is when the client is *delivered to the services*.

Billing for Services

In addition to the general principles related to the provision of services, there are also general guidelines, which must be followed in billing for covered behavioral health services to ensure services will be reimbursed, and/or the encounters accepted.

There are two types of codes that can be billed for services provided:

- AHCCCS Allowable Codes may be paid for with Title XIX/XXI funds and/or non-XIX/XXI funds depending on the person's eligibility status; and
- Codes not allowable under AHCCCS and can **only** be paid for with non-Title XIX/XXI funds.

1. AHCCCS Allowable Codes

AHCCCS allowable codes are to be used to bill for services provided to any person eligible to receive services through ADHS/DBHS, regardless of his/her eligibility status (e.g., Title XIX/XXI, non-Title XIX/XXI). To bill AHCCCS allowable codes the provider must be an AHCCCS registered provider.

AHCCCS allowable codes are further subdivided into the following categories:

(a) CPT
(b) HCPCS
(c) National Drug Codes (NDC)
(d) UB92 Revenue Codes

2. Codes not Allowable Under AHCCCS

Some codes are not reimbursable under Title XIX/XXI. Appendix B.2, ADHS/DBHS Allowable Procedure Code Matrix identifies the service codes not reimbursable through AHCCCS funding. If there is not an applicable AHCCCS allowable code, then these codes may be used to bill for the service. These codes may be billed regardless of the person's Title XIX/XXI eligibility status. Depending on the code, these services may be billed by both AHCCCS registered providers and DBHS-only providers. These codes include: H0043, H0046 SE, H0046, S9986, T1013, 97780, and 97781.

Office of Program Support Staff

If you need assistance with eligibility, encounters, or coding questions, please contact your assigned Technical Assistant at:

Michael Carter	Excel NARBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5 Gila River Navajo Nation Pascua Yaqui	(602) 364-4711
Javier Higuera	PGBHA Value Options	(602) 364-4712

AHCCCS Encounters Error Codes

R660 – DHS MHS Encounter Recipient must be on MHS Enrollment

Review encounter dates of service; verify the dates of service fall within an enrollment segment. Use the CIS application Enrollment Inquiry screen to verify enrollment segments. Also, verify an open behavioral health segment on the PMMIS using screen RP216 – Inquire BHS/FYI Data.

F105 – Procedure Code is Missing or Not on File for DOS

This field was left blank or contained an invalid procedure code. Verify the procedure code against screen H74988 – Procedure Code Maintenance or PMMIS screen RF110 - Procedure Codes and Descriptions.

R410 – Recipient not eligible for AHCCCS services on Service Dates

Review the AHCCCS ID and service begin and end dates for the encounter. The most common error involves the client's termination of enrollment in the health plan. Review the enrollment information for the client using PMMIS screen RP216 – Inquire BHS/FYI Data, this screen indicates current or past enrollments and provides basic data for the client. If you are unable to resolve the issue, please contact the appropriate technical assistant.

Z725 – Exact Duplicate from Different Health Plans (Form A)
Z805 – Exact Duplicate from Different Health Plans (Form C)

Encounters are pending because at least one claim was found in the system from another health plan that matches the pended claim. These claims need to be researched by both health plans' to determine the cause for the exact duplicate. Each health plan must work together to resolve the issue and decide who should receive payment for the service. Your assigned technical assistant is available to help you with your research.

R660 DHS MHS Encounter Recipient must be on MHS Enrollment	4,707
Z725 Exact Duplicate from Different Health Plans	4,016
Z805 Exact Duplicate from Different Health Plans	2,550
F105 Procedure Code is Missing or Not on File for DOS	2,268
R410 Recipient Not Eligible for AHCCCS Services on Service Dates	599
Total	14,140

*These errors account for **44.93%** of the pended encounters at AHCCCS.*

Edit Alerts

An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

Alert # 38

Effective July 20, 2005: Encounters will no longer be accepted by CIS for Title 19/21 Clients or services where the Service Provider is listed as an IHS Service Provider or is an otherwise FFS encounter. This edit will not apply to Non-Title 19/21 Clients or services. Encounters for Non-Title 19/21 Clients or services will be accepted into CIS regardless of the IHS flag indication in the Monthly Provider File Record Layout.

Examples:
An encounter submitted for a Client who has Behavioral Health Enrollment at AHCCCS on the date of service, and the provider is an IHS or otherwise FFS Provider: The encounter ***will not be accepted*** into CIS.

An encounter is submitted for a Client who does not have Behavioral Health Enrollment at AHCCCS on the date of service, and the provider is an IHS or otherwise FFS Provider: The encounter *will be accepted* into CIS as a subvention encounter.

Alert # 39

Effective April 20, 2005: In order to ensure timely processing of encounters and to monitor for data system issues, the Office of Program Support (OPS) monitors all RBHA encounter acceptance rates for all encounter files submitted to ADHS. At a minimum, RBHAs should maintain a 90% or greater acceptance rate on all encounters submitted. Percentages are derived each day for each file by dividing the number of encounters accepted by the total number of encounters submitted per each form type. When encounter accepted rates do fall below the 90% minimum, the RBHAs should provide OPS with comments explaining why the rates fell below the norm. OPS will take into account RBHA comments when analyzing low acceptance rates.

Formulas:
UB Encounters: Accepted encounters divided by Header amount.
HCFA Encounters: Accepted encounters divided by Detail amount.
RX Encounters: Accepted encounters divided by Total Records Submitted.

Alert # 40

Effective February 2, 2005: HCFA encounters with a date of service equal to the admit or discharge date of an inpatient UB already in the system will be accepted into CIS. HCFA encounters with a date of service within the admit or discharge date of an inpatient UB already in the system will be accepted unless the service code on the HCFA is included on the CIS Billing Limitations Table and is not end dated prior to the date of service.